

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-175)

SERIAL NO.

10579121

FILING DATE

ATTORNEY

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
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42							92						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	2	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			18				TOTAL CLAIMS						
			20										